Ass. Rec. BY: REF: CS/INC23003069/Avy3

ASSIGNMENT

From : Date:

Estimated Cost:

OD / TP/WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SMX 5170D

Policy No.

Claims No. MT/1215289-001

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SNE 2018U. Yr Regn: 2022, Feb.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Noah Hybrid c.c 1797

Colour white. A/C: Insured / Std / NI / NA

Sp.Reading 63306 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZWR80050792*8.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: 195/65R15.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Grenlander.

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	17/3/2023	D.O.I.	03/04/23.

Survey held at Auto United.

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP INC.
15/5/23	Adrian confirmed LS $4700 (Red 5886.95, 55%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) 15/5/23-typist

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

Survey Fee:

Transportation: __S + RS.__SI

Photos

Others

Report Format : TP

Loss Prin / LP Fee : LS $4700